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Quarterly Statistical Review

Alberta
SOCIAL SERVICES AND COMMUNITY HEALTH
Research and Planning Division

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Notes:

Data used in the construction of all figures contained within the Quarterly Statistical Review are available on request from Research and Planning.

ACTIVE TREATMENT HOSPITAL BED SUPPLY IN EIGHT CANADIAN CITIES*

Catherine Collis**

INTRODUCTION

The objective of this article is to compare the supply of active treatment hospital beds in eight Canadian cities. In order to make valid comparisons, a number of variables must be controlled including the range of hospital services available, the age-sex composition of the population, the birth rate, and the utilization of the city hospital beds by non-city populations. This article summarizes the methodology used to compare the active treatment hospital bed supply for residents of eight Canadian cities, and the results of these comparisons.

METHODOLOGY

Two criteria were used in selecting six Canadian cities for comparison with Calgary and Edmonton. Each city selected has a full range of hospital services (i.e., primary, secondary and tertiary)[1], and each city has a medical school. The six cities selected represent both the east and the west, and offer a good range for comparison with Calgary and Edmonton. Selection was based on information already available from Saskatchewan and Manitoba, and on obtaining information from Ontario which is the province with the largest number of medical schools.

Comparisons of active treatment hospital bed supply are often misleading as like is often not compared with like. The more important factors to be taken into account are:

(a) the size of the catchment population - The actual or effective population served by a hospital may substantially differ from the population of the city in which the hospital is located. A large city tends to provide hospital services to a much greater catchment population than just the city population alone. Conversely, some of the

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**Catherine Collis is a research officer in Research and Planning. Many other persons in Research and Planning were involved in this study including Dr. E.S.O. Smith and Dr. A. Kayani.

[1] The terms primary, secondary and tertiary levels of hospital care refer to a continuum of services from basic care that all general hospitals provide (e.g., routine obstetrical deliveries) to specialized care offered only by large hospitals (e.g., open heart surgery).

hospitalization of city residents will occur in non-city hospitals (e.g., hospitalization during holidays away from home).[2]

(b) the age-sex composition of the population - Persons who are 65 years or older utilize hopsital services much more than younger persons, and males utilize hospital services more than females (except in age groups which include obstetrical care).

(c) the birth rate - Birth rates vary substantially among different poplations, with the effects on hospital utilization being primarily within obstetrics and paediatrics.

(d) the incidence/prevalence of disease and injury - These rates may vary among populations and affect the demand for hospital care.

(e) the availability of other health services - Pressure on active treatment hospitals is influenced by the relative availability of other health services in the community, e.g., ambulatory care, day surgery, home care, nursing home services, etc.

(f) social, economic and political factors - These factors include attitudes toward illness and hospital care, the ability to provide for hospital services, and the relative investment in health care in relation to other government services.

In this article, standardization and analysis of hospital utilization data in relation to the population served accounts for the first three variables. To avoid confusing the catchment population and the actual city population, the data presented in this article includes all hospitalization to city residents irrespective of the place of occurrence, and excludes hospitalization of non-city residents in city hospitals. To account for differences in age composition, the population of each city was broken down into eight age groups, and the data for each city was age-standardized to the 1972 Edmonton city age distribution to allow valid comparisons between cities with substantially different age structures.[3] Inpatient obstetrical care was analyzed separately.

With reference to the fourth variable, comparison of the mix of disease and injury among cities as abstracted from hospital data is of little value in describing the incidence or prevalence of morbidity as it does not reflect non-hospitalized or untreated disease and injury in a community. Information on the availability of other health services (e.g., ambulatory care, day surgery,

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[2] From an analysis of data for a sample of the eight cities, it was determined that less than five per cent of hospitalization of city residents is obtained from non-city hospitals. Therefore, the results reported in this article could be substantially generalized to bed supply within each city.

[3] It would have been preferable to standardize for sex composition among the populations of the eight cities as well as for differences in age structure. However, the information available from Ontario and Saskatchewan was broken down only by age. Using 1971 census data, the sex ratios of the eight cities (i.e., the number of males per 100 females) varied from a low of 92 (Kingston and Winnipeg) to a high of 100 (Edmonton). It is believed that standardization for sex composition would not have materially altered the findings presented herein.

home care, nursing home services, and social support services) was considered, but as it was not available in any consistent or detailed format, it was not possible to make precise comparisons. Only generalized comments can be made about most of these services. The final set of variables, social, economic and political factors, defies quantified description at this time.

It would have been preferable to compare active treatment hospitalization among the eight cities for the same calendar year. The census year 1971 was taken as the base year, and all data for the Ontario cities and Winnipeg were for that year. Because of the rapid population growth being experienced by the cities of Calgary and Edmonton, it was decided to use data for the most recent year available (1972), and consequently population figures were projected to that date. Finally, the only available Saskatoon data which provided a separate breakdown for obstetrics were for 1973. However, the population of Saskatoon exhibited no growth between 1971 and 1973, no change in bed supply occurred during the period, and the total number of patient days/1000 population remained stable. In summary, therefore, the comparisons among the eight cities are believed to be valid despite some variation in the time frame of the analysis.

RESULTS

Table 1 compares the hospital utilization rates of residents of the eight Canadian cities selected. Upon inspection of this table, remarkable variation among the cities in terms of the volume of care utilized is evident. Patient days/1000 population varied from 1314 (London) to 1757 (Kingston), with an average of 1505. Separations/1000 population ranged from a low of 133 (London and Saskatoon) to a high of 180 (Kingston), with an average of 154. The third measure of hospital utilization, mean length of stay, showed little variation. The differences in patient days and separations/1000 population were particularly noticeable in the age groups 0 - 14 and 65 years and over.

Because Edmonton and Calgary are relatively "young" cities in comparison with the other six cities studied, the population of all the cities were standardized to the 1972 age distribution of Edmonton city, and the hospitalization rates recalculated. This age standardization procedure further accentuated the variations in volume of care displayed in Table 1 by substantially reducing the rates of the "older" cities (particularly Winnipeg, London and Saskatoon). The resulting hospitalization rates are presented in Table 2. Patient days/1000 population now ranged from a low of 1188 (Saskatoon) to a high of 1695 (Edmonton), and separations/1000 population from 127 (Saskatoon) to 177 (Edmonton). Table 2 also presents a new measure of volume of care: the number of hospital beds/1000 population required to provide the volume of care

(measured in patient days) which the residents of each city utilize, assuming standard occupancy rates of 70 per cent for obstetrics and paediatrics and 90 per cent for all other categories of hospital care. Again, considerable variation in the volume of care utilized by residents of the eight cities is apparent, with Kingston, Edmonton and Calgary using 1.5 beds/1000 population more than the lowest cities (Saskatoon and Winnipeg).

CONCLUSIONS

On the basis of the analysis reported in this article and the various assumptions on which the analysis was grounded, it would appear that there is substantial variation in the volume of active treatment hospital care utilized by residents of the eight cities studied - and this variation is increased by standardizing for differences in age structure and occupancy rates. The demonstrated differences in hospital utilization among the eight Canadian cities appears to be due to variation in bed supply, which supports the adage that the more beds you have, the more beds you fill.

If these results are accepted, some control over rising health care expenditures can be justified by temporarily holding constant the present number of active treatment beds in those cities with the highest utilization rates, while developing ancilliary health services such as day hospital care (including day surgery), ambulatory care and home care. The comparisons reported in this article are incomplete without consideration of the type and volume of these ancilliary services available in each of the eight cities. The information required to quantify these services is difficult to obtain because of gaps in the information collected, and major differences in the format of data tabulation. However, it appears that ancilliary health services are somewhat less developed in Calgary and Edmonton than in the other cities studied.

TABLE 1 TOTAL PATIENT DAYS AND SEPARATIONS IN ACTIVE TREATMENT HOSPITALS EXPRESSED AS RATES PER 1000 POPULATION IN EACH AGE GROUP, AND MEAN LENGTH OF STAY, HANDLING OBSTETRICS SEPARATELY, RESIDENTS OF SELECTED CANADIAN CITIES*

City	Age Groups 0 - 14	15 - 44	45 - 64	65 and over	Obstetrics[b]	TOTAL
			Patient Days/1000 Population			
Kingston[a]	595	1082	2622	5505	156	1757
Metro Toronto	519	762	1868	4075	130	1368
Hamilton	410	952	2256	4937	121	1565
London	448	741	1963	4190	138	1314
Winnipeg	477	712	1882	4856	116	1396
Saskatoon	374	665	1916	4963	127	1324
Edmonton	845	988	2361	6857	148	1695
Calgary	630	966	2596	6640	135	1621
Mean	537	858	2183	5240	134	1505
			Separations/1000 Population			
Kingston[a]	109	132	212	322	24	180
Metro Toronto	91	96	142	227	20	138
Hamilton	81	130	188	274	19	162
London	78	97	152	232	20	133
Winnipeg	83	88	143	272	23	138
Saskatoon	77	83	141	260	25	133
Edmonton	120	125	201	347	27	177
Calgary	100	124	202	333	26	168
Mean	92	109	173	283	23	154
			Mean Length of Hospital Stay (days)			
Kingston[a]	5.46	8.20	12.37	17.10	6.50	9.76
Metro Toronto	5.70	7.94	13.15	17.95	6.50	9.91
Hamilton	5.06	7.32	12.00	17.65	6.37	9.66
London	5.74	7.61	12.93	18.08	6.90	9.85
Winnipeg	5.74	8.05	13.14	17.85	5.12	10.10
Saskatoon	4.86	8.01	13.59	19.09	5.08	9.95
Edmonton	7.02	7.89	12.77	19.77	5.48	9.55
Calgary	6.27	7.78	12.86	19.95	5.26	9.62
Mean	5.73	7.85	12.85	18.43	5.90	9.80

*These figures include all patient days (except newborns) in active treatment hospitals, including patient days in special and general rehabilitation, tuberculosis and psychiatric units in active treatment hospitals, with the following exceptions:

Ontario - Figures do not include patient days in special and general rehabilitation units. The data for London has been adjusted to include utilization of the D.V.A. hospital (Westminster).

Saskatchewan - Figures have been adjusted to include hospitalization of persons not covered by the provincial plan.

Alberta - Figures exclude patient days in the tuberculosis unit at Charles Camsell, Edmonton.

[a]Utilization figures given are for Kingston Township which includes Kingston city.

[b]Bases for obstetrical rates are total populations, while the bases for the age group rates are the populations in those age groups.

Sources: Alberta Hospital Services Commission (1972), Manitoba Health Services Commission (1971), Saskatchewan Hospital Services Plan (1973), and Ontario Ministry of Health (1971).

TABLE 2 PATIENT DAYS AND SEPARATIONS PER 1000 POPULATION, MEAN LENGTH OF STAY, AND BEDS REQUIRED PER 1000 POPULATION ASSUMING OCCUPANCY RATES OF 70% FOR OBSTETRICS AND PAEDIATRICS AND 90% FOR ALL OTHER CATEGORIES, ALL ACTIVE TREATMENT HOSPITALS, FOR RESIDENTS OF SELECTED CANADIAN CITIES, AGE-STANDARDIZED TO THE EDMONTON CITY 1972 POPULATION*

City	Population	Patient Days /1000	Separations /1000	Mean Length of Stay	Beds/ 1000[b,c]
Kingston (1971)[a]	75,867	1,633	175	9.33	5.50
Metro Toronto	2,086,020	1,216	131	9.28	4.19
Hamilton	308,463	1,389	154	9.02	4.65
London	221,585	1,216	129	9.43	4.18
Winnipeg	540,275	1,217	130	9.36	3.92
Saskatoon (1973)	126,269	1,188	127	9.35	3.82
Edmonton (1972)	448,863	1,695	177	9.58	5.49
Calgary	416,043	1,634	169	9.67	5.24

*These figures include all patient days (except newborns) in active treatment hospitals, including patient days in special and general rehabilitation, tuberculosis and psychiatric units in active treatment hospitals, with the following exceptions:

Ontario - Figures do not include patient days in special and general rehabilitation units. The data for London has been adjusted to include utilization of the D.V.A. hospital (Westminster).

Saskatchewan - Figures have been adjusted to include hospitalization of persons not covered by the provincial plan.

Alberta - Figures exlude patient days in the tuberculosis unit at Charles Camsell, Edmonton.

[a]Utilization figures given are for Kingston Township which includes Kingston city.

[b]Because the Ontario patient days and separations data excludes patient days in special and general rehabilitation units, 0.25 beds per 1000 has been added to the calculated bed supply for each Ontario city. This is the planning figure used by the Ontario Ministry of Health. It should be noted, however, that the actual number of rehabilitation beds set up in Ontario is lower than this planning figure.

[c]Excludes bassinets.

Sources: Alberta Hospital Services Commission (1972), Manitoba Health Services Commission (1971), Saskatchewan Hospital Services Plan (1973), and Ontario Ministry of Health (1971).

ALBERTA CHILD PROTECTION REGISTRY

Ken Jones and Janice Faltinson*

In response to a growing need to deal with child abuse, a social problem which has long been in existence but only recently officially recognized, legislation was passed during the 1973 spring session of Alberta'a legislature to enable the creation of a child protection registry. This legislation states that:

> 41.0 (1) "Any person who has reasonable and probable ground to believe that a child has been abandoned, deserted, physically ill-treated or is in need of protection shall report the ground of such belief to the Director or to any child welfare worker of the Department.
>
> (2) Subsection (1) applies notwithstanding that the ground for belief is information that is confidential or privileged, and no action lies against the person so reporting unless the provision of the report is done maliciously or without reasonable and probable ground for belief.
>
> 41.1 The Director shall maintain a registry for purposes of recording all reports received under section 41.
>
> 41.2 Upon a report being made pursuant to section 41, the Director shall cause the report to be examined and shall direct such further investigations of the matter reported as he considers necessary."[1]

Child abuse can be defined as any problem resulting from the lack of reasonable care and protection of children by their parents, guardians, or other caretakers. Child battering, which includes physical, sexual, and emotional abuse or nutritional or medical care neglect, is considered an extreme form of child abuse.

The Child Protection Registry officially came into existence on January 1, 1974. During January and February all departmental regional offices were informed of the purpose of the registry and all reporting procedures. The public, however, was given no information regarding the registry until an advertising campaign was initiated in February. It was hoped that publicity about the registry would increase public consciousness of the child abuse problem and encourage people to report any suspected abuse. Information was provided concerning the operation of the registry as well as a toll-free reporting telephone number to be monitored at all times.

Administratively, the Child Protection Registry was structured into two reporting sections: one where all types of neglect are recorded, and a second

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[1]Statutes of Alberta, The Child Welfare Amendment Act, 1973, Chapter 15, Section 8.

which includes only those children where battering is suspected and/or confirmed. During 1974, 4,869 cases[2] were recorded in the registry, representing 5,285 reports. There were 318 situations in which more than one report was received (Table 1). In the portion of the registry related to neglected children, 4,839 reports regarding 4,423 separate cases were received. In the part of the registry concerned with battered child reports, 446 cases were reported concerning 502 children. Unfortunately, it was not feasible to obtain statistical information from all protection reports for neglected children because of the large number of reports and the non-computerized format of the record system. Therefore, in the discussion which follows, statistics regarding only the first six months of the registry's operation in this area are outlined. For the section concerning battered children, however, the entire first year's statistics have been analysed.

PROTECTION REPORTS

During the six-month period January - June 1974, 2,162 protection reports for neglected children were received by the Child Protection Registry. The age distribution of the children involved was as follows: slightly over one-quarter of the children were age five or less, one-half were age ten or less, and three-quarters were age 14 or less (Table 2). The highest proportion of children were age 15 or 16 (20.2 per cent). Generally, protection reports were quite evenly distributed with respect to age of children. Sex distribution also showed no overrepresentation: 47.8 per cent of the children were male and 52.2 per cent were female (Table 3).

The source of protection reports was most frequently police (20.2 per cent of all reports), followed by private or public agencies[3] (12.3 per cent of reports), people in the community (11.0 per cent), and finally, by the child's mother (10.5 per cent) as shown in Table 4. Reports were also received from social workers in regional offices, relatives, and schools (6.5 per cent each). Another 2.6 per cent of children reported themselves to the Child Protection Registry. In total, reports of neglect from the child's immediate family made up 17.8 per cent of all reports; only 5.5 per cent of reports were received from medical personnel. Other sources of reports included friends, anonymous reporters, babysitters, and legal services.

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[2] One case represents one family. Therefore there may be more than one child involved per case.

[3] Agencies were Family Service Association, City Social Services, Mental Health Services, Child Abuse Project (Calgary), etc.

Reasons for reporting situations to the Child Protection Registry were quite varied (Table 5). Almost half of all reports either involved allegations of neglect (29.3 per cent) or were reports of runaway children (19.9 per cent). The child being out of control of the parents represented 12.3 per cent of reports, and general family problems, 9.4 per cent. In 5.6 per cent of reports parents wished to give up their child; excessive disciplining of the child was mentioned in 4.6 per cent of reports, abandonment in 4.5 per cent, emotional neglect in 3.2 per cent, and school problems in 2.5 per cent. The remaining 8.7 per cent of reports concerned financial, alcohol or medical problems, lost children, handicapped children, and death of parents, among other protection problems. It would appear that runaway children and parental neglect are most significant as reasons for reporting to the Child Protection Registry.

When actions taken in response to protection reports were examined, it was found that one-quarter of all reports were still under investigation so no conclusions had been reached (Table 6). Another 18.1 per cent of reports was discovered to be unfounded. Among the remainder where neglect was genuinely a factor (1,250 cases), usually the child was returned home (26.9 per cent) or was apprehended (22.2 per cent). Counselling was given to the family in 18.9 per cent of cases where neglect had occurred, and the home was placed under supervision in 8.6 per cent of cases. For the remaining one-quarter of reports where action was taken, 8.2 per cent of children moved elsewhere, 7.3 per cent were placed in foster homes , 4.7 per cent entered into custody-by-agreement arrangements, and the final 3.2 per cent were referred to other agencies, were not located, experienced a change in parental custody, received financial assistance, or made other arrangments.

BATTERED CHILD REPORTS

During its first year of operation the Child Protection Registry received 446 battered child reports concerning 502 children.[4]

In age distribution, children involved in battered child reports were usually very young. Most often they were age two (11.8 per cent), three (10.4 per cent), or four (9.3 per cent) as shown in Table 7. This concentration in the younger age groups was marked - one-third of all children were age three or younger, almost half were age five or younger, and three-quarters were age

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[4] It has been estimated that there may be one case of child battering each year for every 4000 North Americans. If this estimation is reasonably accurate it can be predicted that Alberta, with a population of approximately 1.7 million people in 1974, has 400 - 500 child battery cases annually. In 1971 in Alberta, 133 children were removed from their parent's care as a result of abuse; and in 1972, 199 cases were removed for this reason.

eleven or younger. Surprisingly however, almost one-quarter of children reported were age 12 or over.

The sex distribution of battered children, similar to that of neglected children, was fairly evenly balanced. Male children accounted for 52.6 per cent of the cases, female children, 47.4 per cent (Table 8).

Child battering was most often reported by people in the child's community such as neighbours, apartment caretakers, etc. (20.3 per cent of reports), indicating that the advertising campaign to increase public awareness of child battering may have been successful (Table 9). Schools reported suspicions about children (9.9 per cent), as did doctors in private practice (8.6 per cent). In total, members of the child's family supplied 20.4 per cent of the reports, and medical personnel, 17.9 per cent. Other individuals or groups who made reports were private and public agencies (6.4 per cent), friends (5.9 per cent), police (5.2 per cent), social workers (4.6 per cent), anonymous callers (3.6 per cent), and the child himself (2.8 per cent).

Persons suspected of child battering were most often the child's mother (36.2 per cent of reports), father (23.5 per cent), both parents (11.3 per cent), or stepfather (7.0 per cent), as shown in Table 10. Unknown abusers were cited in 5.8 per cent of reports, common-law fathers, 5.0 per cent, baby-sitters, 3.4 per cent, and relatives or siblings in 3.8 per cent of reports.

The type of injury suffered by children involved in battered child reports most commonly was physical abuse of an unspecified nature (fully 41.2 per cent of children) (Table 11). Aside from this, bruises were usually found (36.4 per cent). Burns as an only injury were present in 4.2 per cent of children, fractures, 3.4 per cent, and malnutrition or failure to thrive[5] was apparent for 1.0 per cent of children. The remaining children had injuries consisting of some combination of welts, bruises, cuts, burns, bites, fractures, or internal injuries.

In one-quarter of battered child reports subsequent investigations showed that no abuse had occurred (Table 12). In another 22.7 per cent of cases a protection file was started so that the child and family could be kept under close

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[5]The ways in which child abuse are manifested are quite diverse. Physical abuse involving injuries inflicted by a parent or other caretaker including burns, bruises, head injuries, fractures, etc., is most common, but is problematic in that it can be difficult to determine where physical punishment (culturally legitimate and accepted) has become abuse. It may be that any injury that requires medical treatment should be termed abuse. Another form of abuse that occurs, but is even less obvious, is nutritional neglect or "failure to thrive". In instances where this happens, the child's parent or caretaker deliberately withholds food or water from the child. Other forms of abuse sometimes found are sexual abuse, emotional neglect, and medical care neglect.

supervision. In 14.9 per cent of cases another agency took action in conjunction with the department, sharing responsibility for counselling and supervision of the family. The child had to be removed from the home in 17.5 per cent of cases. Other responses to situations where child battering actually occurred were separating the child from the abusing person or referring the abuser for psychiatric treatment. In three cases children died before any departmental remedial action could be taken. A final 4.8 per cent of cases are still under investigation.

Reports were received from all but three regional office areas in the province (Table 13). Calgary accounted for 34.1 per cent of reports; Edmonton, 42.4 per cent. The single regional office receiving the most reports was Calgary South (25.8 per cent of reports), followed by Edmonton North (17.3 per cent), and Edmonton West (11.9 per cent).

The number of battered child reports received each month during 1974 was quite variable (Figure 1). During January, the first operational month for the registry, only 20 reportings were made. Contrasting this, in February there were 40 reports, in March, 65 and in May, 64 (these reporting peaks may be primarily a result of the advertising campaign directed at increasing public awareness of the registry, and of child abuse as a social problem). After May however, the number of reports per month fell sharply for the rest of the year, except for a small rise again in November (40 reports). An average of 37 child battering reports were received each month during 1974.

CONCLUSION

The Child Protection Registry was designed to provide a centralized record of all protection intakes in Alberta, particularly those involving child battering. Before the registry was established there was no comprehensive, cross-referenced reporting system in Alberta. Incomplete registries had existed with the Alberta Medical Association and the Child Welfare Branch, but neither of these were capable of consistently indentifying the child at risk in the community. The Child Protection Registry should ensure that parents who repeatedly abuse their child do not escape detection by continually seeking out new medical and social service care. The registry will provide (and is already doing so to some extent) meaningful statistics on volume, location, nature of child battering and neglect, and what forms of intervention are effective. Finally, the registry, increasing public awareness of child abuse and neglect, is motivating people to become actively involved in combatting these problems.

TABLE 1 CHILD PROTECTION REGISTRY - NUMBER OF CASES AND REPORTS, ALBERTA, 1974

		TOTAL NUMBER OF CASES[a]	TOTAL NUMBER OF REPORTS
PROTECTION REPORTS number of cases with	1 report	4105	4105
	2 reports	240	480
	3 reports	65	195
	4 reports	10	40
	5 reports	1	5
	6 reports	1	6
	8 reports	1	8
Subtotal		4423	4839
BATTERED CHILD REPORTS		446	446
TOTAL		4869	5285

[a]Cases may refer to families where more than one child is neglected or battered; therefore the number of individual children involved may be greater than the number of cases (e.g., there were 446 battered child reports but 502 battered children).

TABLE 2 AGE DISTRIBUTION OF CHILDREN INVOLVED IN PROTECTION REPORTS, ALBERTA, JANUARY - JUNE 1974*

Age	Number of Children	Percentage	Cumulative Percentage
under 1 year	168	5.7	5.7
2 years	153	5.3	11.0
3 years	197	6.8	17.8
4 years	173	6.0	23.8
5 years	132	4.5	28.3
6 years	132	4.5	32.8
7 years	121	4.2	37.0
8 years	136	4.7	41.7
9 years	138	4.8	46.5
10 years	121	4.2	50.7
11 years	149	5.1	55.8
12 years	114	3.9	59.7
13 years	164	5.7	65.4
14 years	190	6.6	72.0
15 years	289	10.0	82.0
16 years	294	10.2	92.2
17 years	167	5.8	98.0
18 years	58	2.0	100.0
TOTAL	2896	100.0	

*The number of children of unknown age is 121.
The total number of children involved is 3017.

TABLE 3 SEX DISTRIBUTION OF CHILDREN INVOLVED IN PROTECTION REPORTS, ALBERTA, JANUARY - JUNE 1974*

Sex	Number of Children	Percentage
Male	1370	47.8
Female	1495	52.2
TOTAL	2865	100.0

*The number of children for whom sex is not known is 152.

The total number of children involved is 3017.

TABLE 4 SOURCE OF PROTECTION REPORTS ON NEGLECTED CHILDREN, ALBERTA, JANUARY - JUNE 1974

Source	Number of Reports	Percentage	
Mother	227	10.5	
Father	96	4.4	
Both parents	40	1.9	
Relative	141	6.5	24.3
Step-parent	4	0.2	
Common-law parent	10	0.5	
Guardian	6	0.3	
Friend	117	5.4	
Doctor in private practice	40	1.9	
Hospital	53	2.5	5.5
Public Health Unit	23	1.1	
Community[a]	238	11.0	
School	140	6.5	
Agency[b]	267	12.3	
Police	439	20.2	
Regional Office	141	6.5	
Babysitter	24	1.1	
Legal Services	3	0.1	
Self-reported (child)	56	2.6	
Anonymous	97	4.5	
TOTAL	2162	100.0	

[a]Community refers to neighbours, apartment caretakers, etc.

[b]Agency refers to Family Service Association, City Social Services, Preventive Social Services, Mental Health Services, etc.

TABLE 5 REASON FOR REPORTING TO CHILD PROTECTION REGISTRY (PROTECTION REPORTS), ALBERTA, JANUARY - JUNE 1974

Reason for Reporting	Number of Reports	Percentage
Neglected child	631	29.3
Runaway child	431	19.9
Child out of control of parents	263	12.3
Family problems	204	9.4
Parents wish to give up child	122	5.6
Excessive disciplining of child	100	4.6
Child abandoned	97	4.5
Emotional neglect of child by parents	69	3.2
School, financial, alcohol, or medical problems indicating or causing neglect	138	6.4
Other circumstances	107	4.8
TOTAL	2162	100.0

TABLE 6 ACTION TAKEN IN RESPONSE TO PROTECTION REPORTS, ALBERTA, JANUARY - JUNE 1974

Action Taken	Numbers of Reports	Percentage
No action - report was unfounded	390	18.1
Child was returned home	336	15.5
Child was apprehended	277	12.8
Counselling was given to the family	236	10.9
Family is under supervision	107	4.9
Child was removed from home and is now living elsewhere - foster home, etc.	194	9.0
Custody by agreement was arranged	59	2.7
Case was referred to another agency	15	0.7
Family cannot be located	14	0.6
Other actions taken	12	0.6
Case is still under investigation	522	24.2
TOTAL	2162	100.0

TABLE 7 AGE DISTRIBUTION OF CHILDREN IN BATTERED CHILD REPORTS, ALBERTA, 1974*

Age	Number of Children	Percentage	Cumulative Percentage
under 6 months	33	6.9	6.9
6 months-1 year	20	4.2	11.1
2 years	57	11.8	22.9
3 years	50	10.4	33.3
4 years	45	9.3	42.6
5 years	29	6.0	48.6
6 years	24	5.0	53.6
7 years	29	6.0	59.6
8 years	22	4.5	64.1
9 years	22	4.5	68.6
10 years	23	4.8	73.4
11 years	11	2.3	75.7
12 years	21	4.4	80.1
13 years	26	5.4	85.5
14 years	23	4.8	90.3
15 years	17	3.5	93.8
16 years	18	3.7	97.5
17 years	8	1.7	99.2
18 years	4	0.8	100.0
TOTAL	482	100.0	

*The number of children of unknown age is 20.
The total number of children involved is 502.

TABLE 8 SEX DISTRIBUTION OF CHILDREN IN BATTERED CHILD REPORTS, ALBERTA, 1974*

Sex	Number of Children	Percentage
Male	256	52.6
Female	231	47.4
TOTAL	487	100.0

*Number of children for whom sex is not know is 15.
The total number of children involved is 502.

TABLE 9 SOURCE OF BATTERED CHILD REPORTS, ALBERTA, 1974

Reporter	Number of Children	Percentage	
Mother	42	8.4	
Father	12	2.4	
Both parents	3	0.6	
Relative	37	7.4	20.4
Sibling	5	1.0	
Step parent	2	0.4	
Common-law parent	1	0.2	
Foster parent	1	0.2	
Friend	30	5.9	
Doctor in private practice	43	8.6	
Hospital	30	5.9	17.9
Public health nurse	17	3.4	
Community[a]	102	20.3	
School	50	9.9	
Agency[b]	32	6.4	
Police	26	5.2	
AHSD social worker	23	4.6	
Babysitter	10	2.0	
Day care centre	2	0.4	
Chaplain	1	0.2	
Lawyer	1	0.2	
Self-reported (child)	14	2.8	
Anonymous	18	3.6	
TOTAL	502	100.0	

[a] Community refers to neighbours, apartment caretaker, etc.

[b] Agency refers to Family Service Association, City Social Services, Preventive Social Services, Mental Heatlh Services, etc.

AHSD - Alberta Health and Social Development

TABLE 10 ALLEGED ABUSERS OF CHILDREN IN BATTERED CHILD REPORTS, ALBERTA, 1974

Alleged Abuser	Number of Children	Percentage
Mother	182	36.2
Father	118	23.5
Both parents	57	11.3
Step father	35	7.0
Unknown abuser	29	5.8
Common-law father	25	5.0
Babysitter	17	3.4
Relative	12	2.4
Sibling	7	1.4
Foster parent	6	1.2
Stepmother	5	1.0
Mother's boyfriend	5	1.0
Teacher	2	0.4
Common-law mother	1	0.2
Day nursery staff	1	0.2
TOTAL	502	100.0

TABLE 11 TYPE OF INJURY SUFFERED BY CHILDREN LISTED IN BATTERED CHILD REPORTS, ALBERTA, 1974

Type of Injury	Number of Children	Percentage
Physical abuse[a]	207	41.2
Bruises	183	36.4
Burns	21	4.2
Fractures	17	3.4
Bruises and cuts	15	3.0
Welts	14	2.8
Bruises and welts	14	2.8
A combination of bruises, burns, bites, cuts, welts, fractures, or internal injuries	26	5.2
Bruises and malnutrition	3	0.6
Failure to thrive[b]	2	0.4
TOTAL	502	100.0

[a]Physical abuse - the nature of the injury was not specified.

[b]Failure to thrive - child who is not growing properly because of malnutrition deliberately caused by parents.

TABLE 12 ACTION TAKEN IN RESPONSE TO BATTERED CHILD REPORTS, ALBERTA, 1974

Action Taken	Number of Children	Percentage
No action - report was unfounded	129	25.7
Protection file was started[a]	114	22.7
Child was removed from home	88	17.5
Other agency took action in conjunction with the department[b]	75	14.9
Parents separated - non abusing parent separated from abusing parent	30	6.0
Babysitter (abuser) was referred for psychiatric treatment	15	3.0
Private placement was arranged	10	2.0
No action was taken - whereabouts of family is not known	10	2.0
Foster home (abuser) was closed	3	0.6
No remedial action was possible - death of child	3	0.6
Custody was changed[c]	1	0.2
Case is still under investigation	24	4.8
TOTAL	502	100.0

[a]The department is concerned about the child and is maintaining close supervision of the family.

[b]Other agency includes Family Service Association, Parents Anonymous, City Social Services, etc.

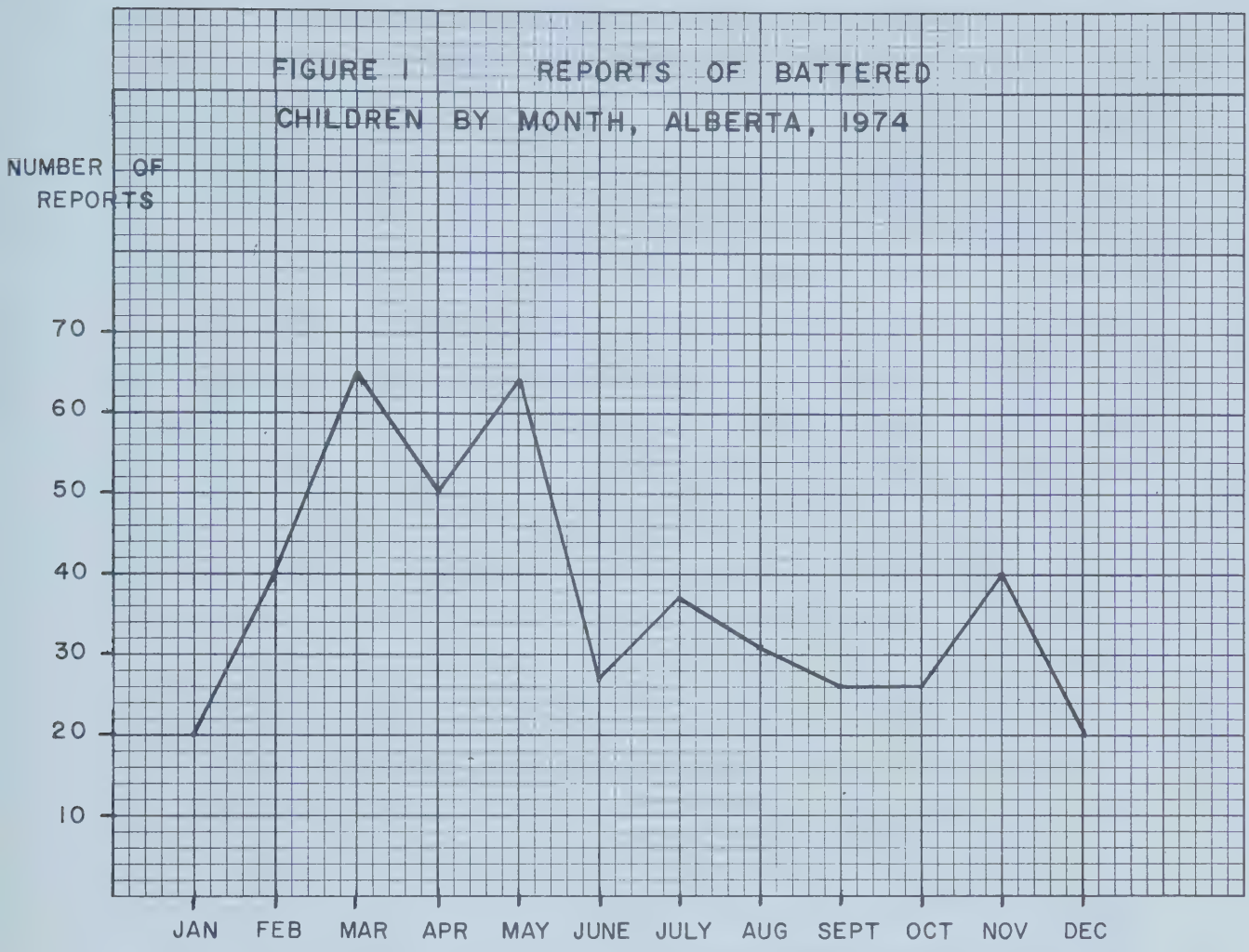
[c]Custody was changed means the non-abusing parent was awarded custody of the child.

TABLE 13 REGIONAL OFFICE DISTRIBUTION OF REPORTS OF CHILD BATTERING, ALBERTA, 1974*

Regional Office	Number of Reports		Percentage	
Athabasca	1		0.2	
Barrhead	3		0.7	
Blairmore	5		1.1	
Bonnyville	3		0.7	
Brooks	2		0.4	
Calgary North	37	152	8.3	34.1
Calgary South	115		25.8	
Camrose	1		0.2	
Drumheller	3		0.7	
Edmonton North	77	189	17.3	42.4
Edmonton South	38		8.5	
Edmonton West	53		11.9	
Edmonton West 10	21		4.7	
Edson	4		0.9	
Fort McMurray	4		0.9	
Grande Cache	1		0.2	
Grande Prairie	8		1.8	
Hanna	-		-	
High Level	1		0.2	
High Prairie	-		-	
Lac La Biche	2		0.4	
Lethbridge	16		3.6	
Medicine Hat	5		1.1	
Olds	3		0.7	
Peace River	-		-	
Red Deer	10		2.2	
Rocky Mountain House	3		0.7	
Slave Lake	3		0.7	
Smoky Lake	4		0.9	
Stettler	2		0.4	
St. Paul	3		0.7	
Vegreville	3		0.7	
Vermilion	1		0.2	
Wainwright	4		0.9	
Wetaskiwin	4		0.9	
Whitecourt	6		1.4	
TOTAL	446		100.0	

*In some cases a report concerns more than one child.

FIGURE 1 REPORTS OF BATTERED CHILDREN BY MONTH, ALBERTA, 1974



HIGHLIGHTS OF PUBLIC ASSISTANCE AND CHILD WELFARE

Delaine McVey and Janice Faltinson*

PUBLIC ASSISTANCE

Table 1 presents the distribution of the public assistance caseload by reason for assistance for the quarter July to September 1974 and compares the distribution to that of the previous quarter. Ranking of the various reasons for assistance continued unchanged, with persons with dependent children accounting for the largest proportion of the caseload (39.6 per cent). Persons 60 years or over constituted 21.8 per cent of the total and those persons seeking assistance due to physical ill health or disability comprised 18.8 per cent. The total caseload declined from an average of 29,642 for the quarter April to June to an average of 28,933 in the July to September quarter, a decrease of 2.4 per cent. Excepting the reasons for assistance of mental retardation and unsuited for employment, all other categories experienced decreases, the greatest being the drop in employables of 572 cases (15.8 per cent). The substantial percentage increases in the two categories mentioned previously were of too small a volume to offset these decreases.[1]

Table 2 indicates the age-sex distribution of the caseload for the quarter July to September 1974. The proportion of the caseload comprised by males declined to 34.3 per cent in this quarter from 35.1 per cent last quarter. There was an absolute drop to 9,927 males and 19,007 females. The age group 60 - 64 years accounted for the largest number of both male and female cases, but females aged 20 - 24 and 25 - 29 accounted for nearly 22.8 per cent of the total caseload. The proportion of females in the total caseload increased from 64.9 in the last quarter to 65.7 per cent in this quarter. All male age groups experienced a smaller volume of cases this quarter, but caseload increased for females aged 25 - 29, 50 - 54, 60 - 64, and 65+.

Table 3 indicates the distribution of caseloads for regional offices. The Edmonton and Calgary regional offices combined accounted for 64.5 per cent of the total caseload. Compared to last quarter, 24 regional offices had decreases in their caseloads, the largest of which were Wetaskiwin, 6.5 and Edson, 6.0 per cent. Of these 24 regional decreases, four were reversals of their previous

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[1]These two categories, mental retardation and unsuited for employment, derive their caseloads largely from transfers from other reasons for assistance. These transfers are being made gradually as annual case reviews are made.

quarter's increases. Conversely, eight of the 11 regional offices with increases this quarter had had decreases in the April - June quarter; these include Grande Cache's 19.4 per cent (six cases) and Fort McMurray's 14.0 per cent (20 cases), the two largest increases. Slave Lake was the only regional office with increases in both quarters; 2.3 per cent in April - June followed by 5.9 per cent in this quarter. Drumheller's average caseload this quarter was unchanged from April to June.

CHILD WELFARE

Table 1A compares the children under care of the department by program type for the quarter July - September 1974 with the distribution of the previous quarter. The three month average number of children in care (6,395) increased from the previous quarter's average (6,188) by 3.3 per cent. Permanent wards (including view to adoption) comprise 45.0 per cent of the total; temporary C.W.A. wards[1], 31.9 per cent; temporary J.D.A. wards[2], 6.4 per cent; custody-by-agreement and out-of-province, the remaining 16.7 per cent. A substantial increase (32.4 per cent) occurred for custody-by-agreement cases between the last quarter and July - September. This change is the result of the introduction of a new program, Handicapped Children Services, with the cases presently being classed with custody-by-agreement in the Child Welfare statistical system.[3] Slight increases are evident in the proportion of the total number of children accounted for by temporary C.W.A. wards (0.9 per cent), view to adoption (0.7 per cent), and out-of-province wards (2.5 per cent). Permanent wards and temporary J.D.A. wards decreased from the previous quarter by 1.2 per cent and 1.5 per cent, respectively.

Table 2A presents the placement of children under care by program type. As in the previous quarter, more than one-half of the children were in foster homes (53.5 per cent). Those children living with their parents accounted for 14.6 per cent of the total; 12.0 per cent were placed with a view to adoption; and 9.1 per cent were in institutions.

Table 3A indicates the age-sex distribution of children under care. Male children accounted for 62.1 per cent of the total; female children, 37.9 per cent. This distribution is nearly identical to that of the previous quarter. The age range of 13 to 18 years had the greatest proportion of children (49.7 per cent) due to the concentration of probation cases in this age group (probation cases are not included in the other tables). Females tended to be slightly younger than males.

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[1] Child Welfare Act.

[2] Juvenile Delinquency Act.

[3] It is intended that Handicapped Children Services will be classed separately from Custody by Agreement in the Child Welfare Statistical System early in 1975.

TABLE 1 DISTRIBUTION OF CASELOAD BY REASON FOR ASSISTANCE, ALBERTA, JULY - SEPTEMBER 1974

Reason for Assistance	Last Quarter's Average April - June 1974 #	%	July	August	September	Quarterly Average July-September 1974 #	%	Percentage Change Between Quarters
Age	6304	21.27	6263	6300	6326	6296	21.76	-0.13
Physical Ill Health/ Disability	5494	18.52	5472	5421	5423	5439	18.80	-1.00
Mental Ill Health	2253	7.60	2165	2123	2078	2122	7.33	-5.81
Mental Retardation	207	0.70	296	315	345	319	1.10	54.11
Unsuited for Employment	112	0.38	210	241	276	242	0.84	116.07
Person with Dependent Children	11647	39.29	11526	11423	11438	11462	39.62	-1.59
Employable	3625	12.23	3062	3002	3096	3053	10.55	-15.78
Total	29642	100.00	28994	28825	28982	28933	100.00	-2.39
Increase Rate Over Previous Month			-0.30	-0.58	0.54			
Increase Rate Over Previous Quarter						-2.39		

TABLE 2 AGE-SEX DISTRIBUTION OF CASELOAD, ALBERTA, JULY - SEPTEMBER 1974

Age Group	Males #	%	Females #	%	Both Sexes #	%
0 - 19	474	1.64	1287	4.45	1761	6.09
20 - 24	814	2.81	2508	8.67	3322	11.48
25 - 29	741	2.56	2524	8.72	3265	11.28
30 - 34	631	2.18	1979	6.84	2610	9.02
35 - 39	631	2.18	1742	6.02	2373	8.20
40 - 44	727	2.52	1598	5.52	2325	8.04
45 - 49	823	2.85	1424	4.92	2247	7.77
50 - 54	839	2.90	1394	4.82	2233	7.72
55 - 59	1064	3.68	1436	4.96	2500	8.64
60 - 64	1645	5.68	1880	6.50	3525	12.18
65+	1538	5.31	1235	4.27	2773	9.58
TOTAL	9927	34.31	19007	65.69	28934	100.00

TABLE 3 REGIONAL DISTRIBUTION OF CASELOAD, ALBERTA, JULY - SEPTEMBER 1974*

Regional Office	Last Quarter's Average April - June 1974 #	%	Quarterly Average July - Sept. 1974 #	%	Rate of Change Over Last Quarter	Rank Order This Quarter	Last Quarter
Edmonton North	4942	16.67	4803	16.60	-2.81	1	1
Calgary South	4664	15.73	4611	15.94	-1.14	2	2
Edmonton West	3192	10.77	3102	10.72	-2.82	3	4
Calgary North	3243	10.94	3086	10.67	-4.84	4	3
Edmonton South	2260	7.62	2129	7.36	-5.80	5	5
Lethbridge	1461	4.93	1457	5.04	-0.27	6	6
Grande Prairie	922	3.11	938	3.24	1.74	7	8
West 10	947	3.20	925	3.20	-2.32	8	7
Red Deer	803	2.71	807	2.79	0.50	9	9
Wetaskiwin	758	2.56	709	2.45	-6.46	10	10
Medicine Hat	594	2.00	574	1.98	-3.37	11	11
High Prairie	487	1.64	485	1.68	-0.41	12	12
Barrhead	412	1.39	398	1.37	-3.40	13	13
Lac La Biche	371	1.25	388	1.34	4.58	14	14
Vegreville	352	1.19	356	1.23	1.14	15	15
Peace River	337	1.14	319	1.10	-5.34	16	16
Bonnyville	313	1.06	300	1.04	-4.15	17	17
St. Paul	292	0.99	296	1.02	1.37	18	19
Slave Lake	270	0.91	286	0.99	5.93	19	20
Edson	300	1.01	282	0.97	-6.00	20	18
Drumheller	258	0.87	258	0.89	-	21	22
Vermilion	261	0.88	249	0.86	-4.60	22	21
Camrose	239	0.81	242	0.84	1.26	23	23
Smoky Lake	236	0.80	225	0.78	-4.66	24	24
Blairmore	223	0.76	212	0.73	-4.93	25	25
Wainwright	222	0.75	210	0.72	-5.41	26	26
Athabasca	200	0.67	203	0.70	1.50	27	27
Fort McMurray	143	0.48	163	0.56	13.99	28	32
Stettler	164	0.55	156	0.54	-4.88	29	28
High Level	157	0.53	153	0.53	-2.55	30	30
Olds	157	0.53	147	0.51	-6.37	31	30
Rocky Mtn. House	143	0.48	141	0.49	-1.40	32	32
Whitecourt	102	0.34	108	0.37	5.88	33	34
Brooks	107	0.36	103	0.36	-3.74	34	33
Hanna	79	0.27	75	0.26	-5.06	35	35
Grande Cache	31	0.10	37	0.13	19.35	36	36
TOTAL	29,642	100.00	28,933	100.00	-2.39		

*For comparability to Tables 1 and 2, Guardian Social Allowance has been excluded. This table shows the net social allowance and health/medical caseload.

TABLE 1A CHILDREN UNDER CARE BY TYPE OF PROGRAM, ALBERTA, JULY - SEPTEMBER 1974

Type of Program	July	August	September	Quarterly Average #	Quarterly Average %	Last Quarter's Average #	Last Quarter's Average %	% Change Between Quarters
Temporary C.W.A.	2038	2056	2023	2039	31.9	2021	32.7	0.89
Permanent Wards	2136	2121	2134	2130	33.3	2156	34.8	-1.20
View to Adoption	805	728	722	752	11.7	747	12.1	0.67
Temporary J.D.A.	393	402	425	407	6.4	413	6.7	-1.45
Custody-by-Agreement	730	855	1001	862	13.5	651	10.5	32.41
Out-of-Province	199	203	212	205	3.2	200	3.2	2.50
TOTAL	6301	6365	6517	6395	100.0	6188	100.0	3.33
Percentage change over previous month	1.74	1.00	2.33					
Percentage change over previous quarter					3.33		4.49	

C.W.A. - Child Welfare Act
J.D.A. - Juvenile Delinquents Act

TABLE 2A PLACEMENT OF CHILDREN UNDER CARE BY TYPE OF PROGRAM, ALBERTA, JULY - SEPTEMBER 1974

Type of Placement	Temporary Ward (C.W.A.) #	%	Permanent Ward (C.W.A.) #	%	Custody-by-Agreement #	%	Out-of-Province #	%	Temporary Ward (J.D.A.) #	%	TOTAL #	%
Free Home	12	0.6	14	0.5	2	0.2	1	0.5	4	1.0	33	0.5
Foster Home	1271	62.6	1576	54.5	369	42.9	144	70.2	62	15.3	3422	53.5
Institution:												
Treatment	63	3.1	79	2.7	40	4.7	-	-	100	24.5	282	4.4
Correctional	-	-	5	0.2	-	-	-	-	2	0.5	7	0.1
Receiving	151	7.4	81	2.8	53	6.2	3	1.5	7	1.7	295	4.6
Alberta School Hospital	10	0.5	57	2.0	14	1.6	3	1.5	1	0.2	85	1.3
Other Institution	14	0.7	125	4.3	21	2.4	5	2.4	1	0.2	166	2.6
Independent	5	0.2	35	1.2	-	-	-	-	7	1.7	47	0.7
View to Adoption	-	-	752	26.0	-	-	14	6.8	-	-	766	12.0
Run Away	36	1.8	30	1.0	7	0.8	3	1.5	26	6.4	102	1.6
With Own Parents	391	19.3	49	1.7	322	37.4	17	8.3	151	37.0	930	14.6
Group Home	43	2.1	60	2.1	29	3.4	5	2.4	36	8.8	173	2.7
With Relatives	34	1.7	29	1.0	3	0.4	10	4.9	11	2.7	87	1.4
TOTAL	2030	100.0	2892	100.0	860	100.0	205	100.0	408	100.0	6395	100.0

J.D.A. - Juvenile Delinquents Act
C.W.A. - Child Welfare Act

TABLE 3A AGE-SEX DISTRIBUTION OF CHILDREN UNDER CARE, ALBERTA, JULY - SEPTEMBER 1974*

Birth Year	Males #	Males %	Females #	Females %	Both Sexes #	Both Sexes %	Range	%
1974	322	6.3	283	9.0	605	7.3		
1973	204	4.0	165	5.2	369	4.5		
1972	132	2.6	127	4.1	259	3.1		
1971	133	2.6	108	3.4	241	2.9	approx. 0 - 6 years	26.5
1970	128	2.5	100	3.2	228	2.8		
1969	137	2.7	101	3.3	238	2.9		
1968	144	2.8	103	3.4	247	3.0		
1967	181	3.5	110	3.5	291	3.5		
1966	187	3.6	136	4.3	323	3.9		
1965	199	3.9	128	4.1	327	4.0		
1964	190	3.7	110	3.5	300	3.6	approx. 7 - 12 years	23.8
1963	208	4.0	125	4.0	333	4.0		
1962	253	4.8	149	4.7	402	4.8		
1961	395	7.7	197	6.3	592	7.2		
1960	563	11.0	240	7.6	803	9.7		
1959	753	14.7	332	10.6	1085	13.1		
1958	563	11.0	311	9.9	874	10.6	approx. 13+ years	49.7
1957	334	6.5	252	8.0	586	7.1		
1956 or earlier	109	2.1	61	1.9	170	2.0		
TOTAL	5135	100.0	3138	100.0	8273	100.0		100.0

*Note: These tabulations include probation cases (concentrated in the ages 12 to 13 years) as well as permanent J.D.A. wards.

HIGHLIGHTS OF NOTIFIABLE DISEASES*

Barbara Juchli**

These tables and comments on notifiable diseases refer to the cases reported to the Divisions of Local Health Services and Social Hygiene for the period July to September 1974.

Table 1 shows the geographic distribution of reported cases of the more frequent notifiable diseases (excluding venereal diseases). Table 2 and Table 3 illustrate the sex and age distribution of the reported cases of notifiable diseases and of venereal diseases. Table 4 compares the number of cases and incidence rate for each notifiable disease with its five-year mean and incidence rate for the corresponding quarter, and Table 5 compares the same information for venereal diseases.

The five most frequently reported notifiable diseases during the quarter were:

1. gonorrhoea (1958 cases)
2. measles (1014 cases)
3. streptococcal sore throat and scarlet fever (816 cases)
4. infectious hepatitis (181 cases)
5. rubella (142 cases)

These diseases correspond to the April - June quarter's top five list, but their order has changed slightly. Measles has exchanged rank with streptococcal sore throat and scarlet fever to become the second most frequently reported disease.

The reporting of gonorrhoea cases increased slightly (2.2 per cent) from the previous quarter, resulting in the same total reports as for the January - March quarter. Comparing the average number of gonorrhoea cases and incidence rates for the past five years to this quarter's figures shows a 41.7 per cent increase in total cases and an increase in the incidence rate of 25.1 per cent for males and 58.1 per cent for females. All gororrhoea cases were genito-urinary infections, with male cases being twice as common as female cases. The age group range 15 - 29 contained 75.4 per cent of the cases, with the age group 20 - 24 having the largest percentage of cases (32.8 per cent of the total cases).

The number of cases of measles increased 11.9 per cent over the previous quarter and the number of reports and incidence rate in this quarter were 10

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*Tuberculosis is not included in this article; venereal disease is separated from the other notifiable diseases for presentation.

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times greater than the previous five year figures. Calgary again had the largest caseload with 475 cases or 46.8 per cent. The majority of cases (80.2 per cent) occurred in the age group under 10 years.

The reported cases of streptococcal sore throat and scarlet fever continued to decline, this quarter by 14.0 per cent. Both the incidence rate and the number of cases were more than 100 per cent greater than the five year averages. The Sturgeon Health Unit had the largest number of reported cases with 108 cases or 13.2 per cent of the provincial total. The cities of Edmonton and Medicine Hat contributed 18.8 per cent to the caseload and Indian reserves reported another 8.1 per cent. The 5 - 9 year age group had the highest number of cases (210); the bordering age groups added another 300 cases, giving the 1 - 14 year age group a total of 62.5 per cent of the cases. The total number of male and female cases did not differ significantly.

Infectious hepatitis decreased 26.7 per cent from the April - June quarter. The caseload for this quarter was lower (by 38.1 per cent) than the five-year average as was the incidence rate (by 41.3 per cent). The cities of Edmonton and Calgary reported 40.3 per cent of the cases. The 15 - 19 and 20 - 24 year age groups had the highest percentage of the cases (19.3 and 20.4); the cases were almost equally divided between males and females.

Rubella showed a 37.4 per cent decline from the April - June quarter, with the largest decrease being in the city of Calgary (79.0 per cent). Edmonton reported one-third of the total number of rubella cases. The 1 - 4 year age group had the highest percentage of cases (22.5) with the 5 - 9 and 15 - 19 year age groups following, each with 18.3 per cent of the total cases. Females accounted for slightly more than half of the reported cases. Comparing rubella cases and incidence rates to the five-year means and rates, it was found that the caseload was 20.9 per cent lower and the incidence rate 24.6 per cent lower.

TABLE 1 REPORTED CASES OF THE MORE FREQUENT NOTIFIABLE DISEASES (EXCLUDING VENEREAL DISEASES) BY CITY, HEALTH UNIT OR OTHER JURISDICTION, ALBERTA, JULY - SEPTEMBER 1974

	Salmonellosis		Bacil.	Staph.	Diarr-		Meningo-	Strept		Aseptic Meningitis			Infect.	Serum		
	Food as vehicle	Food not mentioned	Dysen- tery	Food Poisoning	hoea of Newborn	Diph- theria	coccal Infect.	Throat Scarlet F.	Per- tussis	Cox sackie	ECHO	Not. spec.	Hepat- itis	Hepat- itis	Measles	Rubella
Cities																
Edmonton	2	24	10	-	-	-	-	82	2	-	-	-	27	5	19	48
Calgary	-	22	13	-	5	-	1	22	7	-	-	3	46	4	475	20
Grande Prairie	-	-	1	-	-	-	-	5	-	-	-	-	3	-	11	-
Lethbridge	-	2	1	-	-	-	-	3	-	-	-	-	6	-	3	4
Medicine Hat	-	1	1	-	-	-	-	71	-	-	-	-	-	-	1	-
Red Deer	-	-	-	-	-	-	-	7	-	-	-	-	5	-	1	1
Health Units																
Alberta East Central	-	-	-	-	-	-	-	5	-	-	-	-	8	-	8	6
Athabasca	-	1	12	-	-	-	-	50	2	-	-	-	4	-	50	6
Banff National Park	-	-	-	-	-	-	-	1	-	-	-	-	1	-	1	14
Barons Eureka	1	5	1	-	-	-	-	90	1	-	-	-	1	-	5	4
Big Country	-	-	-	-	-	-	-	1	-	-	-	-	1	-	3	-
Chief Mountain	-	-	-	-	-	-	-	4	-	-	-	-	8	-	2	4
Chinook	-	5	-	5	-	-	-	28	-	-	-	-	6	-	2	1
County of Warner	-	-	-	-	-	-	-	6	-	-	-	-	1	-	21	1
Drumheller	-	-	1	-	-	-	-	-	-	-	-	-	4	-	-	-
Edson	-	1	2	-	-	-	-	36	1	-	-	-	2	-	3	3
Foothills	-	-	-	-	-	-	-	-	-	-	-	-	-	1	32	4
Grande Prairie	2	1	1	-	-	-	-	28	-	-	-	-	1	-	3	-
Jasper National Park	-	-	-	-	-	-	-	3	-	-	-	-	-	-	1	6
Leduc - Strathcona	1	3	-	-	-	-	-	11	-	-	-	-	2	-	35	8
Medicine Hat	-	1	2	-	-	-	-	7	-	-	-	-	1	-	-	-
Minburn - Vermilion	1	3	-	-	-	-	-	21	-	-	-	-	-	5	-	-
Mount View	-	-	-	-	-	-	-	10	1	-	-	-	-	-	20	2
North Eastern Alberta	-	-	6	-	-	-	-	10	-	-	-	-	2	-	2	-
Peace River	-	1	23	-	-	-	-	3	2	-	-	-	3	-	80	1
Red Deer	-	1	-	-	-	-	-	6	1	-	-	-	2	-	32	-
Stony Plain - Lac Ste. Anne	-	-	-	-	-	-	-	47	2	-	-	-	4	-	-	-
Sturgeon	-	-	2	-	-	-	-	108	-	-	-	-	4	-	11	2
Vegreville	-	-	-	-	-	-	-	43	4	-	-	-	1	-	3	-
Wetoka	1	-	-	-	-	-	-	4	-	-	-	-	2	-	6	1
Other Jurisdictions																
Canadian Forces	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	1
Indian Reserves	-	12	19	-	-	3	1	66	-	-	-	-	25	-	139	1
Northern Alberta Health Services	-	3	5	-	-	-	-	34	1	-	-	-	11	-	45	4
Other Municipalities	-	-	-	-	-	-	-	3	-	-	-	-	-	-	-	-
Total	8	86	100	5	5	3	2	816	24	-	-	3	181	15	1014	142

TABLE 2 REPORTED CASES OF NOTIFIABLE DISEASES BY SEX AND AGE, ALBERTA, JULY - SEPTEMBER 1974

Disease	Under 1		1 - 4		5 - 9		10 - 14		15 - 19		20 - 24		25 - 29		30 - 39		40 - 59		60+		Age not known		Total	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
Intestinal Infections																								
Typhoid fever	-	-	1	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	1	1
Paratyphoid fever	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Other Salmonella infections																								
(a) with food as a vehicle	1	2	-	-	-	1	1	-	2	-	-	-	-	-	1	-	-	-	-	-	-	-	5	3
(b) without mention of food as vehicle	12	5	14	17	4	3	3	1	1	2	1	-	1	3	5	6	4	2	2	-	-	-	47	39
Bacillary dysentery	6	3	23	28	9	9	6	1	1	1	1	3	3	1	1	-	1	2	-	1	-	-	51	49
Staphylococcal food poisoning	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	3	1	-	-	-	2	3
Botulism	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Diarrhoea of the newborn	1	4	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	4
Other Bacterial Diseases																								
Diphtheria	-	-	-	2	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	3
Meningococcal infections	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	1	-	-	-	-	1	1
Streptococcal sore throat and scarlet fever	13	7	84	69	114	96	77	70	27	45	27	29	18	39	24	30	22	16	6	3	-	-	412	404
Pertussis (Whooping cough)	3	3	4	8	2	2	1	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	11	13
Virus Diseases of Central Nervous System																								
Aseptic meningitis due to enteroviruses																								
(a) Coxsackie virus	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
(b) ECHO virus	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
(c) Not specified	-	-	-	1	-	1	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	2
Western equine encephaltitis	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Other Virus Diseases																								
Infectious hepatitis	1	-	3	4	14	13	3	18	14	21	15	12	12	12	14	9	10	3	2	1	-	-	88	93
Serum hepatitis	-	-	-	-	-	-	-	-	3	2	2	-	2	4	-	-	1	-	-	1	-	-	8	7
Measles	43	37	202	177	189	165	70	88	15	14	4	2	1	2	2	2	-	1	-	-	-	-	526	488
Rubella (German measles)	7	7	13	19	13	13	10	5	8	18	6	10	2	4	3	4	-	-	-	-	-	-	62	80

TABLE 3 REPORTED CASES OF VENEREAL DISEASES BY SEX AND AGE, ALBERTA, JULY - SEPTEMBER 1974

Disease	Under 1		1 - 4		5 - 9		10 - 14		15 - 19		20 - 24		25 - 29		30 - 39		40 - 59		60+		Age not known		Total	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
Gonorrhoea																								
Genito-urinary	-	-	-	1	-	-	4	9	197	218	422	221	310	108	214	71	116	22	18	1	19	7	1300	658
Gonococcal infection of eye	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Other	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Syphilis																								
Congenital	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Acquired																								
(a) Early symptomatic																								
- Primary	-	-	-	-	-	-	-	-	-	-	1	-	2	-	2	-	2	-	-	-	-	-	7	-
- Secondary	-	-	-	-	-	-	-	-	-	-	-	1	-	-	2	1	1	-	-	-	-	-	3	2
- Other and unspecified	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	1	-
(b) Latent																								
- Early	-	-	-	-	-	-	-	-	-	1	1	-	-	-	3	1	-	-	-	-	-	-	4	2
- Late	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2	1	1	1	3	-	-	-	6	2
- Unspecified	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
(c) Late																								
- Cardiovascular	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
- Central nervous system	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
- Other forms with symptoms	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
- Other and unspecified	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Chancroid	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Lymphogranuloma venereum	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Granuloma inguinale	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-

TABLE 4 COMPARISON OF THE REPORTED CASES OF NOTIFIABLE DISEASES AND INCIDENCE RATES, ALBERTA, JULY - SEPTEMBER 1974, WITH AVERAGE CASES AND RATES FOR THE CORRESPONDING QUARTER 1969 - 1973*

Disease	July - September 1974		Average for Third Quarter 1969 - 73	
	Cases	Incidence Rate per 100,000	Cases	Incidence Rate per 100,000
Intestinal Infections				
Typhoid fever	2	0.1	0.2	0.0
Paratyphoid fever	-	-	0.2	0.0
Other Salmonella infections				
(a) with food as a vehicle	8	0.5	9.8	0.6
(b) without mention of food as vehicle	86	5.0	95.0	5.8
Bacillary dysentery	100	5.8	103.6	6.4
Staphylococcal food poisoning	5	0.3	2.4	0.2
Botulism	-	-	-	-
Diarrhoea of the newborn	5	0.3	1.0	0.1
Other Bacterial Diseases				
Diphtheria	3	0.2	11.6	0.7
Meningococcal infections	2	0.1	3.0	0.2
Streptococcal sore throat and scarlet fever	816	47.5	364.6	22.4
Pertussis (Whooping Cough)	24	1.4	24.6	1.5
Virus Diseases of Central Nervous System				
Aseptic meningitis due to enteroviruses				
(a) Coxsackie virus	-	-	-	-
(b) ECHO Virus	-	-	-	-
(c) Not specified	3	0.2	1.4	0.1
Western equine encephalitis	-	-	-	-
Other Virus Diseases				
Infectious hepatitis	181	10.5	292.2	17.9
Serum hepatitis	15	0.9	10.0	0.6
Measles	1014	59.1	101.2	6.2
Rubella (German measles)	142	8.3	179.6	11.0

*Population figures for incidence rates are from Statistics Canada's quarterly estimates - Catalogue 91-001 for July 1974.

TABLE 5 COMPARISON OF THE REPORTED CASES OF VENEREAL DISEASES AND INCIDENCE RATES BY SEX, ALBERTA, JULY - SEPTEMBER 1974, WITH AVERAGE CASES AND RATES FOR THE CORRESPONDING QUARTER 1969 - 73*

	July - September 1974				Average for Third Quarter 1969 - 73			
	Cases		Incidence Rate per 100,000		Cases		Incidence Rate per 100,000	
	M	F	M	F	M	F	M	F
Gonorrhoea								
Genito-urinary	1300	658	149.2	77.8	986.4	394.8	119.3	49.2
Gonococcal infection of eye	-	-	-	-	-	-	-	-
Other	-	-	-	-	-	-	-	-
Syphilis								
Congenital	-	-	-	-	0.4	0.8	0.0	0.1
Acquired								
(a) Early symptomatic								
- Primary	7	-	0.8	-	3.8	0.2	0.5	0.0
- Secondary	3	2	0.3	0.2	1.8	0.8	0.2	0.1
- Other and unspecified	1	-	0.1	-	-	0.2	-	0.0
(b) Latent								
- Early	4	2	0.5	0.2	4.0	1.6	0.5	0.2
- Late	6	2	0.7	0.2	4.8	3.0	0.6	0.4
- Unspecified	-	-	-	-	1.4	2.0	0.2	0.2
(c) Late								
- Cardiovascular	-	-	-	-	-	0.2	-	-
- Central nervous system	-	-	-	-	-	0.2	-	0.0
- Other forms with symptoms	-	-	-	-	-	0.2	-	0.0
- Other and unspecified	-	-	-	-	-	-	-	-
Chancroid	-	-	-	-	-	-	-	-
Lymphogranuloma venereum	-	-	-	-	-	-	-	-
Granuloma inguinale	-	-	-	-	-	-	-	-

*Population figures for incidence rates are from Statistics Canada's quarterly estimates - catalogue 91-001 for July 1974. The 1971 sex ratio was used to calculate male/female populations.

GLOSSARY

Active Treatment hospital - a health care institution which focuses on the assessment and treatment of acute episodes of illness. This category excludes auxiliary hospitals and nursing homes, and usually length of stay is less than sixty days.

Ambulatory Care - health care supplied on an out-patient basis to persons not requiring institutionalization.

Boarding Home - a foster home in which the foster parents receive monetary compensation from the department to cover boarding expenses, clothing, etc., for the ward.

Caseload - the number of households, or units, assisted; these units consisting of one or more persons. Caseload is often used to refer to the collective heads of these units.

Child Welfare Act - a provincial statute assented to in April, 1970. This Act gives the Director of Child Welfare or designated child welfare workers the authority to intervene and take action on behalf of children thought to be neglected as well as responsibility for children alleged to be juvenile delinquents.

Fertility Rate - the crude fertility rate is the number of live births in a population during a one year period expressed as a rate per 1,000 total population. There are also a number of technically more elaborate fertility rates which can be used to describe the fertility of a given population.

Free Home - a foster home in which the foster parents have chosen to receive no monetary compensation from the department for the care of the ward.

Guardian Social Allowance (an extension of the social allowance program) - an allowance for basic necessities provided by the department, in the absence of the parent(s), to a person who in the opinion of the director is properly caring for the child.

Handicapped Children Services (H.C.S.) - a new program under Child Welfare initiated in May, 1974. Any handicapped child (physical disability, mental deficiency, or emotional disturbance) is eligible to participate in this program. Many of the children involved in H.C.S. formerly were not in care but came directly from the community or institutions. Other children who were in care before this program began, were frequently under custody by agreement.

Independent Placement - a situation where an older teenage ward is granted independent status by the Director of Child Welfare to live on his own.

Morbidity Rate - this is an expression of the amount of illness in a population during a defined period of time. Morbidity rates could be based on health care insurance data, hospital data, school or employment sickness records, or special survey data.

Municipal Caseload - a municipality is responsible for assisting an employable person who is a resident of the municipality and

(1) was a resident of the municipality during the twelve months immediately preceding his application, and

(2) did not, during any part of these twelve months, receive material aid from the province or any other municipality.

The municipality is reimbursed 90 per cent by the province for expenditures incurred.

Non-Ward (now called "custody by agreement") - is a child (under the age of 18) whose parents have entered into an agreement with the Director of Child Welfare for the temporary care of the child; the parents retain guardianship rights. Situations which result in custody by agreement, usually involve circumstances such as illness of the parents, or the child, which make care of the child beyond the parents' capabilities.

Permanent Ward - a child (under the age of 18) whose ties with his natural parents have been completely severed and whose sole custodian and guardian is the Director of Child Welfare. Permanent wardship expires at age 18; but until that time, such children are adoptable.

Reasons for Assistance - the social allowance program is available to those persons who lack the resources or income sufficient to meet their needs and those of their dependents. Eligibility for assistance is defined within the following categories; for each application, the social worker assigns a reason for assistance on the following rank order basis. That is, applicants are assigned to the first category of reason for assistance that applied to them, proceeding through the list of reasons in their specified order.

Age (Person 60 or over) - A person may be considered eligible for assistance under this reason if 60 years of age or older. Prior to November 1971, women between 55 and 60 years of age were also eligible for Social Allowance by reason of age alone.

Person with Dependent Child(ren) - This reason is applicable to the single parent family where the parent actually has custody of or is personally caring for a dependent child.

Physical Ill Health/Disability - This reason is applicable to a person with a physical disability, impairment, or illness, regardless of expected duration, which prevents rendering services for wages sufficient to meet the person's needs and those of dependents.

Mental Ill Health - This reason is applicable to persons having an obvious mental illness or a medical certificate confirming such mental illness, regardless of the expected duration.

Mental Retardation - This reason is applicable to persons who are mentally retarded. A medical certificate or assessment is required if the disability is not readily recognizable.

Employable - This reason is applicable to persons who are unemployed and seeking employment or whose employability may be under assessment, as well as persons employed full- or part-time with insufficient income. This reason also applies to persons temporarily unavailable for work because of schooling, pregnancy, or in jail for less than 90 days.

Unsuitable for Employment - This reason is applicable to cases which have been assessed as socially, psychologically, or otherwise unsuited for employment. Such cases would be transferred to other reasons for assistance after the assessment period.

Guardian Social Allowance - This is an extension of the Social Allowance program designed to assist persons acting as guardians and providing care to children placed in their homes by parents unable or unwilling to provide such care.

Recipients - In contrast to the term "caseload", this term refers to the unit heads plus their dependents. The number of recipients on assistance is approximately two or three times as great as the caseload.

Temporary Ward - children (under the age of 18) who are in custody of the Director of Child Welfare for a temporary period. At the end of this specified period, the temporary wardship is reviewed by the Court. Three possible outcomes of this review are:
(a) the wardship may be allowed to lapse;
(b) the wardship may be renewed for another specified period; or
(c) the Court may rule to request permanent wardship from a higher court.

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